

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3146

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5378 Odell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days Yes

3. (a) PRINT FULL NAME Rose Belgari 426
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paul Belgari 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. 27. 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Switzerland 7
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife 7

11. Industry or business _____

MOTHER FATHER { 12. Name Giovanni Ranzani 7
13. Birthplace Italy
Lugocsa (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant James Belgari

(b) Address 5378 Odell Ave

17. (a) Burial (b) Date thereof April 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Paul A. Calcaterra

(b) Address 5142 Daggert Ave

19. (a) APR 4 1940
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5378 Odell Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 45 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from December 1st, 1929, to April 3rd, 1940, that I last saw him alive on April 3rd, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach 6 mo.
Duration

Due to _____

Due to H-6

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Charles Montani (M. D. or other) M.D.

Address 1926A Marconi Ave Date signed 4-4-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Sam @ Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Dagget

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.